

Attorney Docket No. 59183-8046.US01

#18/EOT
GW
7/9/03

**UNITED STATES DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE**

IN RE APPLICATION OF:

Heiland

APPLICATION No.: 09/297,406

FILED: April 29, 1999

FOR: **CLAMPING DEVICE AND
PRODUCTION PROCESS**

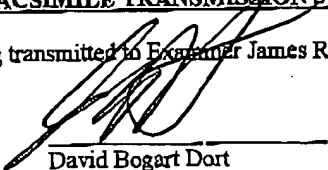
EXAMINER: BRITTAIN

ART UNIT: 3677

CONFIRMATION NO:

CERTIFICATE OF FACSIMILE TRANSMISSION 37 C.F.R. 1.8(a)

I hereby certify that this correspondence is being transmitted to Examiner James R. Brittain, Art Unit 3677 of the USPTO via facsimile number (703)-305-7687.

Date: June 2, 2003

 David Bogart Dort

Mail Stop: No-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

- ☒ Transmitted herewith are the following documents for the above-referenced application:
- ☒ Amendment and Remarks

STATUS

- ☒ Applicant is
- ☒ small entity.

EXTENSION OF TIME

- ☒ Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

	<u>Extension (months)</u>	<u>Fee for other than small entity</u>	<u>Fee for small entity</u>
<input type="checkbox"/>	one month	\$ 110.00	\$ 55.00
<input type="checkbox"/>	two months	\$ 410.00	\$205.00
<input checked="" type="checkbox"/>	three months	\$ 930.00	\$465.00

- ☒ Applicant believes that no extension of time is required. However, this conditional petition is hereby made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

09/03/2003 09:29:406
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465.00 DA

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FEE FOR CLAIMS

☒ If an additional extension of time is required please consider this a petition therefor.

☐ An extension for _____ months has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____

☒ The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

					OTHER THAN A SMALL ENTITY	
(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY	OR
Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Rate	Addit. Fee
Total *	4	Minus *0*	31	= 0	x9=	\$ 0.00
Indep. *	1	Minus *0*	3	= 0	x42=	\$ 0.00
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+140=	\$ 0.00
					TOTAL ADDIT. FEE	\$ 0.00
					OR	TOTAL ADDIT. FEE
						\$ 0.00

☒ No additional fee for claims required.

☐ Total additional fee for claims required \$ _____

FEE PAYMENT

☐ Attached is a check in the sum of \$ _____

☒ Charge Account No. 50-2283 the sum of \$ 465.00.

FEE DEFICIENCY

☒ In the event that: a) no check to cover the filing fee is enclosed, b) any above-referenced check is inadvertently omitted or lost, or c) any enclosed check is in an amount less than or greater than the required fee, the Commissioner is authorized to charge any required fees, additional fees, or credit any overpayment to Deposit Account 50-2283.

Respectfully submitted,
Perkins Coie LLP

Date: June 2, 2003

David Bogart Dort
Reg. No. 50,213

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